FORT ATKINSON SUBACUTE CARE CENTER

Number of Residents on 12/31/02:

611 SHERMAN AVENUE EAST

FORT ATKINSON 53538 Phone: (920) 568-5200 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled As of Operation: 365

Highest Level License:
Ski Operate in Conjunction with CBRF?
No (12/31/02):
28

Title 18 (Medicare) Certified?
Yes
(Medicaid) Certified?
No 18

Average Daily Census:
20 Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/02): 28 Total Licensed Bed Capacity (12/31/02): 28

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 0.0 | More Than 4 Years No | Mental Illness (Org./Psy) 0.0 | 65 - 74 61.1 ----Day Services Yes| Mental Illness (Other) 0.0 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 38.9 | Respite Care 0.0 | ****************************** Adult Day Care 0.0 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents 100.0 | (12/31/02) Congregate Meals No | Cancer 0.0 | No | Fractures 11.1 Home Delivered Meals No | Cardiovascular Other Meals No | Cerebrovascular No | Diabetes Transportation 0.0 | Sex % | LPNs Referral Service No | Respiratory 0.0 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 55.6 | Male 27.8 | Aides, & Orderlies 54.4 Mentally Ill ---- | Female 72.2 Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 | ************************************

Method of Reimbursement

		Medicare		_	dicaid tle 19			Other		P.	rivate Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	190	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	18	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		18	100.0

FORT ATKINSON SUBACUTE CARE CENTER

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of					
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		100.0	0.0	18					
Other Nursing Homes	0.0	Dressing	0.0		100.0	0.0	18					
Acute Care Hospitals	100.0	Transferring	0.0		100.0	0.0	18					
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	18					
Rehabilitation Hospitals	0.0	Eating	100.0		0.0	0.0	18					
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	*****	*****	****	* * * * * * * * * * * * * * * * * * * *	*****					
Total Number of Admissions	302	Continence		%	Special Treat	tments	양					
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.6	Receiving 1	Respiratory Care	0.0					
Private Home/No Home Health	69.3	Occ/Freq. Incontinen	t of Bladder	22.2	Receiving '	Tracheostomy Care	0.0					
Private Home/With Home Health	21.3	Occ/Freq. Incontinen	t of Bowel	5.6	Receiving :	Suctioning	0.0					
Other Nursing Homes	3.0				Receiving (Ostomy Care	0.0					
Acute Care Hospitals	3.4	Mobility			Receiving '	Tube Feeding	0.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving D	Mechanically Altered Diets	16.7					
Rehabilitation Hospitals	0.0											
Other Locations	2.4	Skin Care			Other Reside	nt Characteristics						
Deaths	0.7	With Pressure Sores		0.0	Have Advanc	ce Directives	66.7					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	296				Receiving 1	Psychoactive Drugs	33.3					

	This Other Hospital-		All			
	Facility	Based	Facilities	Facilties	Lties	
	8	90	Ratio	% Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	71.4	87.4	0.82	85.1 0.84		
Current Residents from In-County	55.6	84.3	0.66	76.6 0.72		
Admissions from In-County, Still Residing	3.3	15.2	0.22	20.3 0.16		
Admissions/Average Daily Census	1510.0	213.3	7.08	133.4 11.32		
Discharges/Average Daily Census	1480.0	214.2	6.91	135.3 10.94		
Discharges To Private Residence/Average Daily Census	1340.0	112.9	11.87	56.6 23.70		
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3 1.16		
Residents Aged 65 and Older	100.0	91.8	1.09	87.7 1.14		
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5 0.00		
Private Pay Funded Residents	0.0	22.6	0.00	21.0 0.00		
Developmentally Disabled Residents	0.0	1.5	0.00	7.1 0.00		
Mentally Ill Residents	0.0	31.3	0.00	33.3 0.00		
General Medical Service Residents	55.6	21.8	2.55	20.5 2.71		
<pre>Impaired ADL (Mean) *</pre>	40.0	48.9	0.82	49.3 0.81		
Psychological Problems	33.3	51.6	0.65	54.0 0.62		
Nursing Care Required (Mean)*	2.1	7.4	0.28	7.2 0.29		